

FEDERAL EMERGENCY MANAGEMENT AGENCY GENERAL ADMISSIONS APPLICATION SHORT FORM		See Reverse for Privacy Act Statement	OMB No. 3067-0024 Expires September 30, 1999	
USE THIS FORM ONLY IF APPLYING FOR NFA OFF CAMPUS COURSES (<i>Excluding Regional Deliveries</i>) AND EMI INVITATIONAL-ONLY OR FEMA/FEDERAL-ONLY COURSES				
SECTION I: GENERAL INFORMATION		1. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Place of Birth:		
2. PLEASE PRINT YOUR NAME (<i>As you would like it to appear on your certificate Last, First, Middle, Suffix</i>)		3. DATE OF BIRTH (Mo., Day, Yr.)	4. SOCIAL SECURITY NO.	5. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
6. HOME ADDRESS (<i>Street, avenue, road no./city or town/State and zip code</i>)		7a. WORK PHONE NO. ()		
		7b. HOME PHONE NO. ()		
		7c. FAX NO. ()		
8. PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOUR ANCESTRAL HERITAGE (<i>Providing this information is voluntary</i>)				
<div style="display: flex; justify-content: space-between;"> <div>1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE</div> <div>2. <input type="checkbox"/> ASIAN or PACIFIC ISLANDER</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3. <input type="checkbox"/> BLACK, not of Hispanic origin</div> <div>4. <input type="checkbox"/> WHITE, not of Hispanic origin</div> <div>5. <input type="checkbox"/> HISPANIC</div> </div>				
9a. ENTER COURSE CODE AND TITLE	9b. COURSE LOCATION	9c. DATES REQUESTED (<i>Please give 3 choices</i>)		
10. DO YOU HAVE ANY DISABILITIES (<i>Including special allergies or medical disabilities</i>) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT NETC? <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If yes, indicate & describe any special considerations required on a separate sheet</i>)				
SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION				
11a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED		11b. NFIRS # (NFA ONLY)	12. CURRENT POSITION AND NUMBER OF YEARS IN POSITION	
13. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBES YOUR ORGANIZATION:		13b. ORGANIZATION	14. CURRENT STATUS	
13a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 7. <input type="checkbox"/> FOREIGN 2. <input type="checkbox"/> COUNTY GOVERNMENT 5. <input type="checkbox"/> FEDERAL/MILITARY 8. <input type="checkbox"/> FEMA 3. <input type="checkbox"/> CITY/TOWN/VILLAGE 6. <input type="checkbox"/> INDUSTRY/BUSINESS 9. <input type="checkbox"/> NDER/IMA		1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION	1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST	
SECTION III - ENDORSEMENT AND CERTIFICATION				
15a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).				
15b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.				
15c. Further, I understand the National Emergency Training Center (NETC) is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.				
15d. I agree to abide by the rules, policies, and regulations of NETC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future NFA courses.				
16. SIGNATURE OF APPLICANT		DATE		
17. APPROVAL BY HEAD OF THE SPONSORING ORGANIZATION				
17a. SIGNATURE AND DATE		17b. PRINTED NAME AND TITLE		
18. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE				
18a. SIGNATURE AND DATE (State Office)		18b. SIGNATURE AND DATE (FEMA Regional Office)		
19a. FOR EMI COURSES IN EMMITSBURG MD, SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR AND FEMA REGION TO NETC.		19b. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.		
20. DISPOSITION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	SIGNATURE OF REVIEWER		DATE	

PRIVACY ACT STATEMENT

GENERAL – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to the National Fire Academy (NFA) or the Emergency Management Institute (EMI).

AUTHORITY – Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301; 44 U.S.C. 3101, 50 U.S.C. App. 2253, E.O. 12127, and E.O. 12148.

PURPOSES AND USES – The principal purpose of the information requested on this form will be used to determine eligibility for attendance and benefits to be gained. Information such as age, sex, and ancestral heritage is used for statistical purposes and may be a factor in enhancing cultural diversity in the classroom. Information may be used by FEMA Staff to analyze application and enrollment patterns for specific courses. If accepted for admission, certain information may be released to a physician to provide medical assistance to students who become ill or are injured during courses; to Members of the Board of Visitors for the purpose of evaluating the participants of the courses; to sponsoring States, local officials, or State training agencies to update statistics of NFA and EMI applicants from their States or local jurisdiction; to a Member of Congress in response to an inquiry made at your request. Information will only be used or released as permitted by law.

EFFECTS OF NONDISCLOSURE – Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in a delay in processing your application.

Information Regarding Disclosure of Your Social Security Number Under PL-579, Section 7(b) – Solicitation of the SSN is authorized under provision of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary and is only for recordkeeping purposes. If you do not provide your SSN, a system identification number will be assigned to you for recordkeeping purposes. The SSN is used as an identifier to match the person completing the training with the correct master record in order to better assist you in obtaining certifications of completed courses. The use of the SSN is necessary because of the large numbers of individuals who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. **NOTE:** Do not send your completed form to this address.

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